

FILED OCT 2 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32557

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If legitimation: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY OR TOWN <u>Hammersville</u>		c. CITY OR TOWN <u>Rural</u> <u>Wickart Twp.</u>	
c. LENGTH OF STAY <u>1/2</u> days		d. STREET ADDRESS (If rural, give location) <u>2 mile N. of Wickart</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Geo. Dimmitt Memorial Hospital</u>			
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Perryman</u> c. (Last) <u>Reeves</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 26 1952</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar. 21, 1879</u>
9. AGE (In years last birthday) <u>73</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Polk Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James C. Reeves</u>		13b. MOTHER'S M maiden name <u>Tennessee Redmond</u>	
14. NAME OF HUSBAND OR WIFE <u>Helen D. Reeves</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Helen D. Reeves</u>		ADDRESS <u>Rt. 1 Polivar Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Retention of urine (severe)</u>			
19a. DATE OF OPERATION <u>9/24/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Hypertrophy of prostate gland</u> <u>4222</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9/20</u> , 1952, to <u>9/26</u> , 1952, that I last saw the deceased alive on <u>9/26</u> , 1952, and that death occurred at <u>1:30 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. H. Robinson M.D.</u> (Degree or title)		23b. ADDRESS <u>Hammersville Mo</u>	
23c. DATE SIGNED <u>9/26/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Sept. 28, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mitchell Camp Ground</u>		24d. LOCATION (City, town, or county) (State) <u>Polk County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-27, 1952</u>		REGISTRAR'S SIGNATURE <u>Ralph Gordenper</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Jewell Harla Turpin</u>		ADDRESS <u>Funeral Home Polivar Mo.</u>	

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

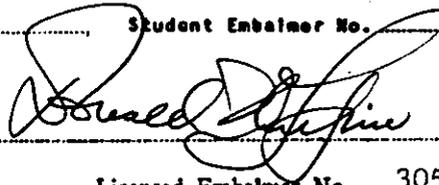
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 3053

P. O. Address Bolivar, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.